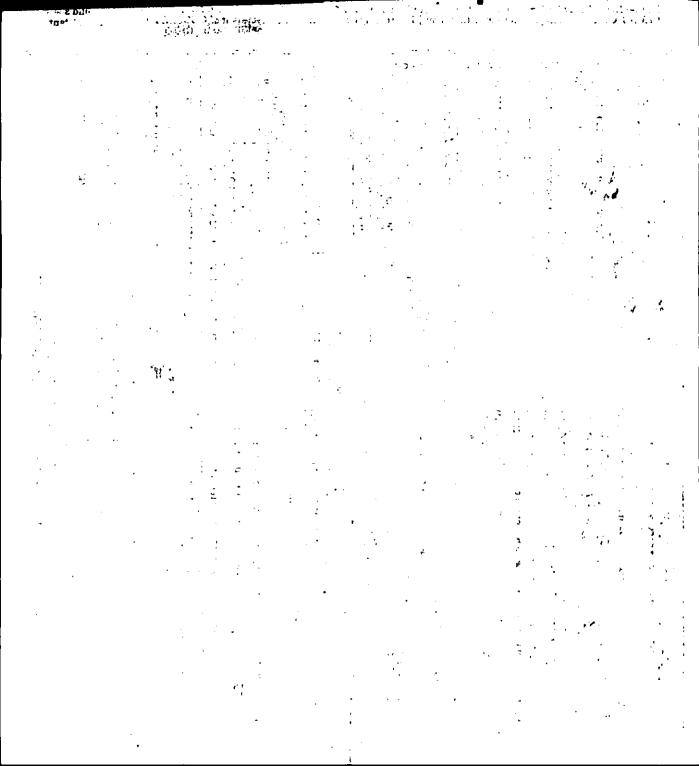
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No .... Primary Registration District No. Registered No. (a) Residence, No.... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) ma. I HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED ...., 19....., to......, 19....., 19..... HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE YEARS If LESS than 1 MONTHS DAYS day, ......hrs. Date of onset  $\mathbf{O}$ or .....mln. 8. Trade, profession, or particular ould be carefully supplied. kind of work done, as spinner, sawyer, bookkeeper, etc.... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME Name of operation..... 14. BIRTHPLACE (CITY OR TOWN). What test confirmed diagnosis?...... Was there an autopsy? X...... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN). (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION. Nature of injury...... 24. Was disease or injury in any way related to occupation of deceased If so, specify .. (ADDRESS) 20. FILED



	BUREAU OF VI					BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH	ALL INFORMATION CALLED FOR MUST BE WRITTEN OF THIS SUPPLEMENTARY.
	1. PLACE OF  County  Township  City	Bre	essi	1 025 c)	Registration Dist		File No
	2. FULL NAM (a) Resid (Usu Length of reside	lence, No al place of a	abode)			t.,Ward. (If no	nresident, give city or town and State) reign birth? yrs. mos. di
	PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
	SEX  IF MARRIED, WID  HUSBAND O	4, COLOR		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH (MONTH, DAY, AN 22. I HEREBY CERT	IF Y. That I Mended deceased from to the control of
	(OR) WIFE OF					1i 4 /C	, 19 Death is a
I	DATE OF BIRTH AGE YEAR		MONTHS	DAYS	If LESS than 1 day,hrs. ormin.	to have occurred on the day stated. The principal cause of death and rel	above, at
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc					other contributory causes of importa	recti /
	(STATE OR COU	YTRY)				Three fractie	ned ribs
FATHER	14. BIRTHPLACE (CITY OR TOWN)					Name of operation	
MOTHER							
17.	17. INFORMANT (ADDRESS)					Manner of injury	
18.	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19 19					1	related to occupation of deceased?
19.	19. UNDERTAKER (ADDRESS)  20. FILED 19 ES. L. Breewea					If so, specify	, м.
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